Mental Health, suicidality and Depression among Tribal Males and Females: A Comparative Study in Selected Scheduled Tribe Communities of Bihar

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Introduction and Rationale

India is home to more than 104 million Scheduled Tribe (ST) individuals (8.6% of population, Census 2011), and STs consistently show poorer mental health outcomes than non-tribal populations. Recent meta-analyses report a pooled prevalence of depression of approximately 14–25% among tribal adults — substantially higher than the national average of 3–9% (Verma et al., 2025; Singh et al., 2024). Suicide rates among tribal communities are also alarmingly high, with some estimates reaching 36.7–44 per 100,000 compared to the national average of 12–13 (Lancet Regional Health, 2024; Tribal Health Report, 2022).

Bihar has a relatively small tribal population (1.28% of state population, Census 2011), predominantly Santhal, Oraon, Munda, Gond, and smaller PVTGs (Particularly Vulnerable Tribal Groups) such as Birhor and Asur, concentrated in districts like Bhagalpur, Banka, Jamui, and Katihar. Despite low overall suicide rates in Bihar (0.6 per 100,000, NCRB 2023), anecdotal and district-level health reports suggest significantly higher psychological distress and completed/attempted suicides in tribal pockets, linked to alcohol use, indebtedness, crop failure, migration stress, and erosion of traditional coping mechanisms.

Gender differences in mental health expression are well-documented in the general Indian population: women show higher rates of internalizing disorders (depression, anxiety), while men show higher rates of substance use and completed suicide (Patel et al., 2018; Gururaj et al., 2016). Whether this pattern holds in tribal Bihar — where women face additional burdens of early marriage, domestic violence, and reproductive health issues, and men face unemployment, identity loss, and alcohol dependence — remains unknown.

Statement of the Problem

No published empirical study has systematically compared mental health, depression, and suicidality between tribal males and females in Bihar. Existing tribal mental health research heavily focuses on central and southern Indian states; Bihar's tribal communities remain almost invisible in psychiatric epidemiology. This knowledge gap hinders development of culturally appropriate, gender-responsive mental health services in the state.

Objectives

Primary Objectives

1 To assess the prevalence of depression, current suicidality, and general mental health status among tribal adult males and females in selected communities of Bihar.

2 To compare the severity and patterns of depression, suicidal ideation/attempts, and overall psychological distress between tribal males and females.

Secondary Objectives

3 To identify socio-cultural, economic, and gender-specific risk and protective factors associated with depression and suicidality.

Review of Literature

Recent systematic reviews and meta-analyses confirm markedly higher mental morbidity among India's tribal populations. Verma et al. (2025) reported pooled depression prevalence of 14% and anxiety disorders of 3% across tribal studies. Singh et al. (2024), using LASI Wave-1 data, found 25.2% of tribal adults aged ≥45 years screened positive for depressive symptoms (CES-D ≥4). A scoping review by Chakraborty et al. (2025) highlighted common mental disorders, substance use, and suicide as the dominant concerns in tribal mental health research. Gender analyses remain scarce. Studies from Kerala and urban India show women having 1.5–2 times higher odds of common mental disorders than men (Maulik et al., 2024; Mathias et al., 2018). Among tribal adolescents in central India, gender disadvantage was significantly

associated with psychological distress in girls (Kumar et al., 2023). In northeastern isolated tribes, depression prevalence reached 35% and anxiety 29.8%, with women disproportionately affected (Deb et al., 2022).

Suicide research indicates tribal rates are 2–3 times the national average, with young males and married females at highest risk (Grace et al., 2022; NCRB 2022–2023). Alcohol is a major mediating factor in male tribal suicides across states.

No study has yet provided gender-stratified data for Bihar's tribal communities, justifying the present research.

Research Methodology

Research Design

Cross-sectional comparative survey with mixed-methods components (quantitative instruments + brief qualitative interviews on perceived causes).

Setting

Santhal and Oraon villages in Bhagalpur and Banka districts, Bihar (selected for relatively higher tribal concentration and accessibility).

Sample Size and Sampling

- **Target:** 400 adults (18–60 years) — 200 males, 200 females.
- **Sampling:** Multistage — districts → blocks → villages → households (PPS), then gender-stratified random selection.
- **Inclusion criteria:** Self-identified ST individual, resident ≥5 years, willing to give informed consent.
- **Exclusion:** Severe intellectual disability, acute psychosis, or active substance intoxication at time of interview.

Hypotheses

Following Null Hypotheses will be formulated to find out the results:

1 **Ho#1:** Tribal female will not show significantly higher prevalence of mental health.

2 **Ho#2:** Tribal male will not show significantly higher prevalence of mental health.

3 **Ho#3:** Tribal female will not show significantly higher prevalence and severity of suicidality/ suicidal ideation.

4 **Ho#4:** Tribal female will not show significantly higher prevalence and severity of suicidality/suicidal ideation.

5 **Ho#5:** Tribal female will not show significantly higher prevalence and severity of depression.

6 **Ho#6:** Tribal female will not show significantly higher prevalence and severity of depression.

7 **Ho#7:** There will be no mental health among tribal males than tribal females.

8 **Ho#8:** There will be no suicidal ideation among tribal males than tribal females.

9 **Ho#9:** There will be no depression among tribal males than tribal females.

Tools

1 Semi-structured socio-demographic and cultural practices proforma will be framed out by the researcher herself (Hindi/Bhojpuri/Santhali version).

2 A psychometrically sound instrument of Mental health will be applied to measure the mental health of tribes (Hindi/Bhojpuri/Santhali version).

3 A psychometrically sound Suicidal Ideation Scale will be used to measure the lifetime suicidality (Hindi/Bhojpuri/Santhali version).

4 A psychometrically sound scale to measure the depression of tribes will be applied (Hindi/Bhojpuri/Santhali version).

All tools have been previously validated in Indian rural/tribal settings.

Data Collection Procedure

The researcher will conduct face-to-face interviews in privacy after obtaining written/thumbprint informed consent.

Statistical Analysis

Descriptive statistics, chi-square tests, correlation and independent t-tests/Mann-Whitney U for gender comparisons.

Ethical Considerations

- Approval from institutional ethics committee/ Department will be obtained.
- Special care for cultural sensitivity, use of local languages/Santhali translators, community sensitization meetings with tribal leaders.

Results & Discussions

This will be the first gender-comparative mental health study among tribal communities in Bihar, providing baseline epidemiological data for state mental health programming under DMHP and Tribal Sub-Plan. Results can guide development of community-based, gender-sensitive interventions (e.g., women's self-help groups for depression, male peer-support for alcohol and suicide prevention).

Conclusions, Recommendations & Delimitations

Under this section/chapter whole results will be summarised and on the bases of findings some recommendations will be given. If there will be any research gap ,it will be discussed here too.

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